

-60-044984

FILED VS JAN 9 1961

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 373

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		c. CITY OR TOWN <u>La Belle</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Chester</u> Middle <u>George</u> Last <u>Calhoun</u>		4. DATE OF DEATH Month <u>December</u> Day <u>24</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/2/1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mail carrier</u>		11. BIRTHPLACE (City and state or country) <u>La Belle, Missouri</u>	
13a. FATHER'S NAME <u>Ewing David Calhoun</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Calhoun</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War I</u>		17. INFORMANT <u>Blanche Calhoun</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Continued & massive cerebral thrombosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary artery disease - Prostatic Hypertrophy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12-15 Hrs</u> <u>12-12-60</u> <u>Unknown</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:30 p.m.</u> Month, Day, Year <u>Dec 24-1960</u>		20f. CITY, TOWN, OR LOCATION <u>Kirkville, Mo</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>Dec 10-1960 to Dec 24-1960</u> and last saw him alive on <u>Dec 24-1960</u> Death occurred at <u>10:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12-29-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/20/1960</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>		23d. LOCATION (City, town, or county) <u>La Belle, Missouri</u>	
24. FUNERAL DIRECTOR <u>John J. LaBelle, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-31-60</u>	
26. REGISTRAR'S SIGNATURE <u>Doris W. Pettif</u>			

(Licensed Embalmer's Statement on Reverse Side)

1961 0 8 NAR SA

JAN 10 1961

MAR 27 1961

EARL LAUGHLIN, JR., D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by myself Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl Laughlin, Jr.

Licensed Embalmer No. 4328

P. O. Address LaBelle, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.